19. UNDERTAKER

(Address)

FATHER

MOTHER

	CERTIFICATE OF DEATH 3891
1. PLACE OF DEATH	940
Village or Off Samber.	Registration Dist. No.
(1	If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME arry trancis arm  (a) Residence: No. Hambler Carroll Co.  (Usual place of abode)	s. 2/ds. How long in U.S. If of foreign birth? 2 S. yrs. 2/mos. 2/ds.  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No. DIVORCED (write the word)	21. DATE OF DEATH  April 21. 193 6. (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) Carl 30, 1879 7. AGE Yeers Months Devs If IESS than	I lest saw h; deeth is said
7. AGE Yeers Months Deys If LESS than 1 day, hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	angina sectoris 4/2/31
SAWYER, BOOKKEEPER, etc  SAWYER, BOOKKEEPER, etc  Mork wes done, es SILK MILL, SAW MILL, BANK, etc	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
10. Date deceased last worked et this occupation (month end year)  year) 11. Total time (years)  spent in this 357, occupation 357,	
12. BIRTHPLACE (city or town) Hamber (State or country) Md.	Dther Coutributory Causes of importence:
13. NAME ames I arnold.	
13. NAME ames a arnold.  14. BIRTHPLACE (city or town)	Neme of operation Dete of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME c/da & Camber.  16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Anyoler m. arnold.  (Address) Samber md.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE
18. BURIAL, CREMATION, DR REMOVAL	Manage of Indiana

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrat.

Menner of Injury Neture of Injury

If so, specify

24. Was disease or injury in any way releted to occupation of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
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arat V. A				
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V. S. No. 1 N. B.—W

Langth of residence in city, or town whege death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3809
Village of City. Westmans 10, 16 desh occurred in a hospital or institution, give its NAME intend of street and number)  Length of residence in city or town whosp death occurred in a hospital or institution, give its NAME intend of street and number)  Length of residence in city or town whosp death occurred in a hospital or institution, give its NAME intend of street and number)  Length of residence in city or town and State  2. FULL NAME  Longton of Particular State  PERSONAL AND STATISTICAL PARTICULARS  STATE OF ORATH  LONGTON OF RACE  S. ROLLONGESD (complete word)  LONGTON OF RACE  S. ROLLONGESD (complete word)  LONGTON OF RACE  S. ROLLONGESD (complete word)  LONGTON OF RACE  S. LONGTON OF DEATH  LONGTON OF DEATH OF DEA	1. PLACE OF DEATH	92-0
Langth of residence in city or fown whey death occurred of yes. mg. Move long in S. it of fereigh birth?  2. FULL NAME  (a) Residence: No. S.S. C. (Usual place of shocks)  (b) Residence: No. S.S. C. (Usual place of shocks)  PERSONAL AND STATISTICAL PARTICULARS  (b) REPARTICULARS  (c) RESIDENCE: S. SINCE, MARRID, WIDOWED  (b) WOON CRED (write the word)  (c) RESIDENCE: A COLOR OR RACE  (c) S. SINCE, MARRID, WIDOWED  (c) MONTH (c) Color of the cease of the ce	County Carroll	Registration Dist. No.
Legible of residence in city or town whese death occurred of yes	Village or City Mestronister	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 15.3 & (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  A COLOR OR RACE  S. SINCLE MARRIED, WIDOWED, OR BYTORCED (vorice) word)  In merital, violanged, or divorced  In the merital violanged, or divorced  In merital, violanged, or divorced  In merital		
PERSONAL AND STATISTICAL PARTICULARS  S. S. A. COLOR OR RACE  S. SINCLE, MARKED, WIDOWED, ON DIVORED Coming the word)  M. W. D.	(a) Residence: No. 15.5. E. Maix	
1. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (wind) howord)  MUNICIPAL OF BIRTH (month, day, and year)  MISHIPPE of Mishing Days  MISHIPPE OF DEATH  19.36 , 10. MAR. 19.30		
a. If married, wideward, or divorced HUSBANDO of Maganet S. Brauming Some 2.  DATE OF BIRTH (month, day, and year) 19.3.  DATE OF BIRTH (month, day, and year) 19.3.  AGE Years Booknet S. Brauming Some 2.  AGE Years Booknet S. Brauming Some 2.  AGE Years Booknet S. Brauming Some 2.  It LESS than 1 last saw h alive on Organic S. It less than 2 long to have occurred on the date stated abova, at 19.3.  The PRINCIPAL CUSE OF DEATH and related causes of Importance were as follows:  SAWER, BOOKNETER, etc.  Johnstry or business in which work was done, as ISL MILL, SAW MILL, BANK, atc.  This profession, or particular sind of work done, as SPINNER, Harmon Retains SAWER, BOOKNETER, etc.  Johnstry or business in which work was done, as ISL MILL, SAW MILL, BANK, atc.  The PRINCIPAL CUSE OF DEATH and related causes of Importance were as follows:  SAWER, BOOKNETER, etc.  Johnstry or business in which work was done, as ISL MILL, SAW MILL, BANK, atc.  The PRINCIPAL CUSE OF DEATH and related causes of Importance were as follows:  SAWER, BOOKNETER, etc.  Johnstry or business in which work was done, as ISL MILL, SAW MILL, BANK, atc.  The PRINCIPAL CUSE OF DEATH and related causes of Importance were as follows:  SAWER, BOOKNETER, etc.  Johnstry or business in which work was done, as ISL MILL, SAW MILL, BANK, atc.  SAWER, BOOKNETER, etc.  Johnstry or business in which work was done, as Isl Mall Regulary Mall Company or the saw of the property of the	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH april 20 1936
DATE OF BIRTH (month, day, and year)  AGE  Years  Days  If LESS than  I day	5a. If married widewed or divorced	
DATE OF BIRTH (month, day, and year) (month). day, and year) (month). day and year) (month)	HUSBAND of Margaret J. Graining Som	4.53
AGE Years Jamilis Days II LESS than 1 day. http://www.cocurred.or.min. bare occurred on the date stated abova, at \$1. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: a SawTer, Book Reference. Return Required to work done, as SPINNER, Hearner. Return Required to work done, as SPINNER, Hearner. Return Required to SawTer, Book Reference, as SawTer, Book Reference, as Spinner, Hearner Return Required to SawTer, Book Reference, as Spinner, Return Required to SawTer, Book Reference, as SPINNER, Hearner Return Required to SawTer, Book Reference, as SPINNER, Hearner Return Required to SawTer, Book Reference, as SPINNER, Hearner Return Required to Saw Termina, and this occupation (month and 1 q 17 spinning to Spinning the SawTer, Book Reference, as SPINNER, Hearner Return Required to Saw Termina, and SawTer, Book Reference, as SPINNER, Hearner Return Results Required to Saw Termina, and	E DATE OF BIDTH (month day and wass)	2 N 2
B. Trada, profession, or particular were as follows:  S. Trada, profession, or particular systems. The principal causes of Importance were as follows:  S. AWYER, GOOKKEEPER, etc.  S. AWYER, GOOKKEEPER, etc.  S. Johnston S. Pinner, Tarmer. Returned S.		0.4
B. Trade, profession, or particular SAWYER, BOOKKEEPER, etc.  3. Industry or business in which work was done, as SPINNER, With Was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and 9,7 occupation 4,7 occupation)  (State or country)  13. NAME  14. BIRTHPLACE (city or fown) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or fown) (State or country)  16. BIRTHPLACE (city or fown) (State or country)  17. MAIDEN NAME  18. Trade, profession, or particular  19. MAIDEN NAME		were so follows:
January or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.   10. Date deceased last worked at this occupation (month and year)   11. Total time (years)   11. Spent in this occupation (month and year)   12. Spent in this occupation   13. NAME   14. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or fown)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. B		Chroin Valoulas Newy Klesus
SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  Spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or fown)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANDER  Manguet  Ma	9 Industry or business in which	Mutual Regurgitation 1566
11. Total time (years) spent in this occupation (month and year)  2. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANDER  18. BURIAL CREMATION, OR REMONAL PLOYER HAME  19. Date of injury  19. Where adid injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  19. Was disease or injury In any way related to occupation of deceased?  21. Specify  22. BIRTHPLACE (city or town) (State or country)  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  24. Where did injury occurr?  25. Specify city or town, county and State)  26. Was disease or injury  Nature of Injury  Nature	work was done, as SILK MILL, SAW MILL, BANK, atc	City Company
2. BIRTHPLACE (city or town) (State or country)  1. 3. NAME  1. BIRTHPLACE (city or town) (State or country)  1. Mana of operation  What test confirmed diagnosis? Was there an autopsy?  1. MAIDEN NAME UNDA  1. BIRTHPLACE (city or town) (State or country)  1. MADEN NAME UNDA  1. BIRTHPLACE (city or town) (State or country)  7. INFORMABILIZE MASCULT SAMUE (Address)  8. BURIAL CREMATION, OR REMOVAL PLACEMATION, OR REMOVAL PLACEMATION PLACEMATICAL PLACEMATION PLACEMATION PLACEMATION PLACEMATION PLACEMATION PLACEMATICAL PLACEMATICAL PLACEMATION PLACEMATICAL PLACEMAT	11. Total time (years) this occupation (month and 1919 spent in this	
(State or country)  13. NAME Learse Hammond Rame  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Land  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANTY Mascure Burning Burn	12 BIDTHDI ACT (aity or town)	Other Contributory Causes of importanca:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME CAMA BORNAM COUNTY (State or country)  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT R Margara Bornam Country (Specify city or town, county and State)  8. BURIAL_CREMATION, OR REMOVAL PLACE.  (Address) /5 5 8. What Westminster Date (Address)  9. UNDERTAKEN BORNAM COUNTRY (Signed)  16. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis? Was there an autopsy? Maccident, suicide, or homicide?  Date of injury  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  Nature of Injury  16 so, specify  (Signed)  M. Registreft.  (Address)  M. (Address)  M. (Address)		
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Whera did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) /5 5 8 Wham Welminster Description of Date of	(State of country)	What test confirmed diagnosis? Charital Was there an autopsy? Le
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Plentimber Mt Place and Date (prul 23 , 1936)  Nature of Injury  9. UNDERTAKEN Hankard Sample of Manual Sample of Sa	17. INFORMANTER Margaret VSame, (Address) 15.5.8. Prain Westmine to h	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
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PURPAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-----------	---------	------------	----	-----------

nfor state JPA	1. PLACE OF DEA
OCC CCC	County Carr
shour of o	Village or City
S S S S S S S S S S S S S S S S S S S	Length of residence in

PHYSICIAN Exact statemen stated EXACTLY. properly classified. certificate. AGE should be See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

STATE OF MARYLAND—CERTIFICATE OF DEATH

	OF DEATH	Mary.	and Tub.	<del>rculosis</del> Sanat	orium,	0000
County	Carrol1		Cobor	ed Branch 2	Registration Dist. No.	74
Village o	city Henryton	ı, Md.		No		_StWard
Length of	residence in city or town where		yrsmos	death occurred in a hospital or inst	itution, give its NAME instead of a f of foreign birth?	itreet and number)
2. FULL N			St., Cum	berland, Waryl		town and State
PERSO	NAL AND STATIST			MEDICAL	CERTIFICATE OF DE	
3. SEX Female	4. color or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	ril 29, 1936 (Month) (Dey)	, 193 (Year)
5e. If married, wid HUSBAND o (or) WIFE of	lowed, or divorced		1	April 27. 19	Y CERTIFY, Thet I	
6. DATE OF BIRT	'H (month, day, end year)	t., 15	, 1895		April 29, 193	
7. AGE	Years Months	Days	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DE	ated above, et 6 • 50 Pm. N ATH end related causes of imports	
8-Trade pr	10 6  Ofession, or perticular of work done, as SPINNER, ER, BOOKKEEPER, etc.	Domest:	orXXnXxXX	were es follows: Pulmonary 'I'u		Date of onset OCt
9 industry ( work SAW	or business in which wes done, as SILK MILL, MILL, BANK, etc					1935
this of year)	eased last worked at coupation (month and	U ide	time (years) ent in this Supa (Davi)			
12. BIRTHPLACE (State or o	(city of town)	rlana,		Dther Contributory Causes of in	iportance:	
₩ 13. NAME V	Villiam Davis					
13. NAME 14. BIRTHPLA (State	ACE (city or town) Cumber or country) Mar	rland, ryland.		Neme of operation	Was	Date of NO
15. MAIDEN	NAME Susan Bat	es			causes (ViOLENCE) fill in aiso the	
and I	or country)	erland eryland			Date of injur	ry,19
17. INFORMANT _ (Address)	Jonn E. O' Henry		MD.?	Specify whether injury occurred	in INDUSTRY, in HOME, or in Pi	UBLIC PLACE.
18. BURIAL, CREN	SERVER MEMOVAL MI	Loete 57	2 ,196	Menner of injury		***************************************
19. UNDERTAKER (Address)	Men +	Lou.	July.	If so, specify	wey releted to occupation of dece	eesed? NO
20, FILED 4/.	Denu	LOCA	Hellh Registrar.	(Signed) (Address)	Henryton Md	M. D
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore,		

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Rhomes Total These		•	
Other contributory causes of importance:		Other contributory causes of importance:	
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		• 100	

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10.—The month and year the deceased last worked at the occupation.

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Example I	311	Example II		
The principal cause of death and related causes of importance were as follows: MAY 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis SURFAIL V. S	- 1921	Run over by street cor	1 week ago	
Cercbrol hemorrhage	July 5, 1927	Peritonitis	3 doys ago	
Other contributory causes of importance:  Gollstones	Moy 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 380*
1. PLACE OF DEATH	
County Carroll Count	Registration Dist. No.
Village or City Union Budge May	St., Ward
DR 1	the occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurred	4
2. FULL NAME Many I USECCO COL	X
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR DIVORCED (registe the word)	21. DATE OF DEATH Abr. 5. 193.6
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 29, 1866	I last saw h LT alive on Apr. 4 , 1936; death is said
7. AGE. Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
10 2 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	Jangrene of ret leg 6 mos
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this occupation coupation coupation this occupation this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
a la	
13. NAME Crace 9. Obblet	D. J.
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME COn on each of France	What test confirmed diagnosis?
	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Salle Municipality	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION/OR) REMOVAL	Manage of Indian
Plece Miller Date / 196	Manner of injury
FR 17-11-12X	Nature of injury
19. UNDERTAKER (Address) Paragram Res Land (Address)	If so, specify
20. FILED Spiel 7. 1936 Lese 9 4 1/2/12	(Signed) M. D. Jegg M. D.
If more blanks are needed, address State Registrar.	(Address) According To S. No. 1.
aj more otunks are necucu, anares state Acgistrat,	agra in County Street, Dunimore, Requesting O. S. 170. 1.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows;	Date of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 5 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributor causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbb{R}\mathbb{X}$	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.-WRITE PLAINDY,

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH 3896

1. PLACE OF DEATH  County CARROLL  Village or City Sykesville, Md.  Length of residence in city or town where death occurred yrs. 9 mos.				93-c Registration Dist. No.	74
			(If	Nospringfield State Hospits death occurred in a horpital or institution, give its NAME instead of stree 26. ds. How long In U.S. If of foreign birth? 12 yrs.	Ward et end number)mosds.
				If U. S. Veteran, specify WAR	un and State
PERSONAL A				The second of th	
3. SEX 4. COLOR OR RACE Female White State Widowed Widowed			RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH April (Month) (Day)	, 193_6 (Year)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I att September ,1935, to Aptil 2	1, 19.36
7. AGE Years Months Days If LESS than 67 10 23 1 day,hrs.		to have occurred on the date stated above, at 9 . OOA _m.  Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	e Date of onset		
SAWYER, BOOKKEEPER, etc			nt in this	Myocardial Degeneration	1926
year) occupation  12 RIRTHPLACE (city or fown) Unknown			pation	Other Contributory Causes of importanca: Arteriosclerosis	1930
13. NAME AT	ugust St	attaus			
14. BIRTHPLACE (city or (State or country	town) Unk	nown ny		Name of operation Dat What test confirmed diagnosis? Was the	
15. MAIDEN NAME Justina Naujauk  16. BIRTHPLACE (city or town) Unknown (Stata or country) Germany  17. INFORMANT HOSpital Records (Address) Sykesville, Maryland.  18. BURIAL, CREMATION, OR REMOVAL			and	23. If death was due to extarnal causes (VIOLENCE) fill in also the fo Accident, suicide, or homicide? Date of Injury_ Where did Injury occur?(Specify city or town, county a Specify whether injury occurred In INDUSTRY, In HOME, or In PUBL	oliowing:
			6.v+,1936	Manner of injury	
19. UNDERTAKER Christian Miller Son (Address) 2 3 3 9 Jefferson Street			The tee	24. Was disease or injury In any way related to occupation of decaase  If so, specify  (Signad) M. Durqima Buya	
	County CAR. Village or City S: Length of residence in Length of residence: No. PERSONAL A  SEX 4. COI PERSONAL A  SEX 4. COI HUSBAND of (or) WIFE of  OATE OF BIRTH (month, or kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANH 10. Data deceased last withis occupation (r year)  BIRTHPLACE (city or tow (Stata or country)  13. NAME A:  14. BIRTHPLACE (city or (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country)  INFORMANT (Address) Sy BURIAL, CREMATION, OR Place  UNDERTAKER (Address) 2 3  UNDERTAKER (Address) 2 3	County CARROLI  Village or City Sykesvill  Length of residence in city or town where  FULL NAME Johanna  (a) Residence: No. 50  PERSONAL AND STATIST  SEX 4. COLOR OR RACE  emale White  If married, widowed, or divorced HUSBAND of  (or) WIFE of  DATE OF BIRTH (month, day, and year) Make  For North Sey Months  For North Sey Months	County Village or City Sykesville, Md.  Length of residence in city or town where death occurred  FULL NAME Johanna Fisher  (a) Residence: No. 502 N. Pu  (Usual place  PERSONAL AND STATISTICAL PARTI  SEX 4. COLOR OR RACE  EMALE White SINGLE, MAR OR DIYORCE  Wido  OATE OF BIRTH (month, day, and year) May 29, 16  OATE OF BIRTH (mon	County CARROLL  Village or City Sykesville, Md.  Length of residence in city or town where death occurredyrs. 9mos  FULL NAME Johanna Fisher  (a) Residence: No502 N. Pulaski Da.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX	County CARROLI  Village or City. Sykesville, Md.  Village or City. Sykesville, Md.  Langth of residence in city or town where death occurred yrs. 9.  Langth of residence in city or town where death occurred yrs. 9.  Langth of residence in city or town where death occurred yrs. 9.  Langth of residence in city or town where death occurred yrs. 9.  Langth of residence in city or town where death occurred in a happital or institution, give it NAME intended it is to the following in the Name of the State of the

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2 1845	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 5, 1027,	Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenterilis	1 year

V. S. No. 1 N. B.

	-WRITE PLAINER, WITH UNFADING INK-THIS IS A PERMANENT RECO.D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
J.	ENT RECK	TLY. PHY	led. Exact si	
OR BINDIN	S A PERMAN	ated EXAC	operly classifi	rtificate.
MARGIN RESERVED FOR BINDING	INK-THIS IS	E should be st	at it may be pr	TION is very important. See instructions on back of certificate.
MARGIN R	H UNFADING	supplied. AG	in terms, so th	See instruction
1	LAINEN, WIT	ald be carefully	DEATH in pl	ry important.
0	-WRITE P	mation shor	CAUSE OF	TION is ve

County  Village or City  Village or City  No.  (If death occurred in a horpital or institution, give its NAME instead of street and nu Length of residence in city or town where death occurred  (a) Residence: No.  99  Village or City  No.  (If death occurred in a horpital or institution, give its NAME instead of street and nu Length of residence in city or town where death occurred  (b) St.,  Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OB RACE  OR DIYORCED (which the word)  Sa. If married, widowed, or divorced HUSBAND of (or) Wife of  12.  13.  Ward.  14. COLOR OB RACE  OR DIYORCED (which the word)  Sa. If married, widowed, or divorced HUSBAND of (or) Wife of  22.  14. The REBY CERTIFY That I attended do not not not not not not not not not no	9
Village or City	/
Length of residence in city or town where death occurred and not be length of residence in city or town where death occurred and some states and some states and some states are some some states and some states are some some states and some states are some some states and some states and some states and some states are some some states and some states and some states and some states are some some states and some states are some some states and some states and some states are some some states and some states and some states are some some states and some states and some states and some states are some some states and some states are some some states and some states and some states and some states are some states and some states and some states and some states are some states and some states and some states and some states are some states and some states and some states and some states are some states and some states and some states are some states are some states are some states and some states are some states are some states and some states are some states and some states are some states	5
2. FULL NAME  (a) Residence: No.  (b) St., Ward.  (c) St., Ward.  (d) St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OB RACE  OR DIVORCED (wings the word)  Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of  22.  (a) Residence: No.  (Usual place of abode)  St., Ward.  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  22.  (Day)  22.  (Day)  1 HEREBY CERTIFY, That I attended do not not not not not not not not not no	War
(a) Residence: No. 99 Septime St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (wind the word)  Famale  Finale  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wind the word)  Finale  1. DATE OF DEATH  (Month)  (Day)  22. I HEREBY CERTIFY, That I attended do not not not not not not not not not no	sd:
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE  Thire  5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (wrife the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22.  1 HEREBY CERTIFY, That I attended do  22.  1 HEREBY CERTIFY, That I attended do  23. SEX  1 HEREBY CERTIFY That I attended do  24. STATE  25. SINGLE, MARRIED, WIDOWED, OR DIYORCED (wrife the word)  26. SINGLE, MARRIED, WIDOWED, OR DIYORCED (wrife the word)  27. SEX  28. SINGLE, MARRIED, WIDOWED, OR DIYORCED (wrife the word)  29. SEX  1 HEREBY CERTIFY That I attended do  20. SEX  20. SEX  21. DATE OF DEATH	State
Female Thirte OR DIVORCED (wirde the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY That I attended do not not not not not not not not not no	
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, That I attended do	193 6 (Year)
( ) 1877 ( et Dan 19 31	/
6. DATE OF BIRTH (month, day, and year) (mul 9 6 / 8   1 last saw h alive on 1996;	; death is sai
7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  Ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8 Trade profession or particular	Data of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Cassall loo.  (State or country) Mal.	
13. NAME William Fogle.	
13. NAME / fulluan: Foyle.  14. BIRTHPLACE (city or town) Date of State or country)  What test confirmed diagnosis? Was there an au	itopsy? IL
15. MAIOEN NAME  15. MAIOEN NAME  23. If death was due to external causes (VIOLENCE) fill In also the following:  16. BIRTHPLACE (city or town)  Control of control o	
- (State of County) Where did Injury occur?	
17. INFORMANT Mr. Howard M. Harries Specify whether injury coursed in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 99 January Westman Started	CE.
18. BURIAL, CREMATION, OR REMOVAL Place I fun Yeus Centrey Date april 22, 1936. Nature of Injury Nature of Injury	
19. UNDERTAKER 6. Halta . 24. Was disease or injury in any way related to occupation of deceased?	12 -
20. FILED # 21, 19 3 (Signed) (Signed) (Address) Wystermach.	V "

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	Example I	more designation and	Example II	-
The principal cause of of importance were as	death and related causes		The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREALI V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory can	ses of importance:		Other contributory causes of importance:	
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PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLAINE

properly

STATE OF MARYLAND-CERTIFICATE OF DEATH

3	8	9	8

18 00		
County Carrall	Registration Dist. No.	
Village or City Rescuelle  Length of rasidence in city or town where death occurred A yrs. 9 mos.	No feet And Visite War death occurred in a horpital or institution, give its NAME instead of street and number)	
2. FULL NAME Alia General Company (a) Residence: No. 10 8 East Pallimeter (Usual place of abode)	St., Ward. Balto MA.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) New Alexand	21. DATE OF DEATH  (Month)  (Day)  (Year)	
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Larland Glesse	22. I HEREBY CERTIFY, That I attended deceased fro Cetaler 24, 1933, to affect 20, 1936	
6. DATE OF BIRTH (month, dey, end year) Lass. 20, 1900 7. AGE  Years  Months  Days  If LESS then  1 day,hrs.  ofmin.	to have occurred on the date steted above, et 3 _ 457_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Luker aulosis of the Lings Mich	
10. Data decaasad lest worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:	
(State or country) Wary Country		
13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)  Leakg Rand	Name of operation	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. MAIDEN NAME  Unknown  Unknown	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR REMOVAL Place Woodland Date 5/4/368	Manner of injury	
19. UNDERTAKER Harry H britishe (Address) 1101 Edmindsing and	24. Was diseesa or injury in any wey releted to occupation of deceased?	
20 FILED SILV 35 1936 CHANN New	(Signed) Mercel III, less M.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier horbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other partitutory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis / Ca	1 1215	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
140	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

N. B.—WRITE PLAINS

	CERTIFICATE OF BEARING	
STATE OF MARYLAND—	CERTIFICATE OF DEATH 389	9
1. PLACE OF DEATH	930	5
County Ogswell	Registration Dist. No. 2	<b>D</b>
Village or City It out fine mil.	No. St.,	Ward
Length of residence in city or town where death occurred 20_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number of the death of the d	
2. FULL NAME Lurenah M. Gos	- 00	
	d. St. Ward.	
(a) Residence: No. Available (Usual place of abode)	If nonresident give city or town and S	date
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married.	21. DATE OF DEATH (Month) (Day)	193 G . (Year)
ia. If married, widowed, or divorced		
(or) WIFE of Thomas J. Hosnell	22. I HEREBY CERTIFY, That   attended d	eceased from
S. DATE OF BIRTH (month, day, and year)	(a. 0) at 21	death is said
T. AGE Years Months Days If LESS than	to have occurred on the date stated above, of O:60 Am.	40000 13 3014
68 9 16 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	were as rollows.	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, House wife.	Chr. Muscardello	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year) occupation = 11. Total time (years) spent in this occupation occupation		
o protunt con the same of annually long.	Other Contributory Canses of importance:	
(State or country)	ante Wilitation	4/25/31
13. NAME Wesley Harrison	Pulmbrary ordema	4/26/36
14. BIRTHPLACE (city or town) Carroll 60	Name of operation	
(State or country) md.	What test confirmed diagnosis? Was there an au	ropsy?_ho_
15. MAIDEN NAME Eliza a. Buker.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Carroll 60.	Accident, suicide, or homicide? Date of injury	, 19
(State or country) md.	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT/Me Thomas F. Dos nell.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	ĆE.
(Address) Hood time, Mil.  18. BURIAL CREMATION, OR REMOVAL		
Piach Toy an Church Centrate Cerril 29 1936.	Manner of injury	
1 m ch 12	Nature of Injury	
19. UNDERTAKER O. M. H. H. C.	24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED april 29, 193 ( July 2011)	(Signed) Johnson Frabell	M. D.
Study Co Co Registrar.	(Address)	ua.
If more viantes are needed, address State Kegistrar,	2411 IV. Charles Street, Dallimore, Kequesting "U. S. IVO. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example 1		Example 11	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   FECEIVED		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 8 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

PHYSICIANS should state

of OCCUPA.

Exact statement

N. B.-WRITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3900
1. PLACE OF DEATH	
County Janual	Pariotytian Diet No. 77
Village or City Mafale Grove	No. Registration Dist. No.
(II)	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town whara death occurred	ds. How long In U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Sarah & Gro	er
(a) Residence: Np.	St., Ward.
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	4 23 193 6
5a. If squared, widowad, or diseased	(Month) (Day) (Year)
(or) WIFE of GEORGE GLOSS	22. I HEREBY CERTIFY, That I attanded deceased from
me l'an les	Cen 1st , 1936 -, 10 /thing 23 41936
6. DATE OF BIRTH (month, day, and year) Much 24-1868 7. AGE Years Months Days 151555 than	I last saw has alive on April 2, 1936; daath is said
1 C all 1 day hrs	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	ware as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or businass in which work was done, as STIK MILL, SAW MILL, BANK, atc.	0000
9. Industry or businass in which	Valente Viente of Igua
	- Littory
D 1D. Date dacaased last worked at this occupation (month and spent in this	
year) occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (Sty or town)	
4 14. BIRTHPLACE (gity or town) (Stata or country)	Name of oparation Data of
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Procles Ingham  16. BIRTHPLACE (city or town)  (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicida, or homicide?
mi Pin milli	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Internal
Place Evector med Date apr 25, 1036	Manner of injury
Elul a Gibter	Nature of injury
19. UNDERTAKERO all solonia (Addrass) Draufratad mad	24. Was disease or injury in any way ralated to occupation of dacaased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrat

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	11	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 2 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUKEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:	7.11	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- × 3901
County Larroll 2 1	Registration Dist. No. 81.
Village or City Usulon Bridge	NoSt.,Ward foliation of the street and number)
Length of residence In city or where death occurred yes mos	sds, How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Clara This abeth O	Work!
(a) Residence: No. Beniathin St.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED ("while the word)	21. DATE OF DEATH JO 193 6
5a. If married, widowed, or divorced	(Month) (Oay) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
3-2-1865	fall, 77, 1936, to 4-20-, 1936
6. DATE OF BIRTH (month, day, end year)	last saw h alive on 4-20-, 1936; death is sal
7. AGE Years Months Days If LESS than 1 dey,hrs,	to have occurred on the date stated above, at
71 70   18   1 dey,mrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, House Releper SAWYER, BOOKKEPER, etc.	, ,
SAWYER, BOOKKEEPER, etc. VO Manual Industry or husiness in which	- Cucinoma
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Tooth busto
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year)	
12. BIRTHPLACE (city of town)	Other Contributory Causes of importance:
(State or county)	
I 13. NAME Leaves W stake	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME AMARIA A Politinger	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME AMANGE OF THIS PARTY OF THE	Accident, suicide, or homicide?
≤ (State or country)	Where did Injury occur?
17. INFORMANT CALL MARCH (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Varifue Cluy pater April 34, 1936	Nature of injury
19. UNDERTAKER DATAS CAMPAGE (Address)	24. Was disease or Injury In any way related to occupation of deceased?
(nucless) mon on a mo.	If so, specify
20. FILEO 1/21/ 21, 19-36 / Eikhuan	(Signed) M. C
Registrar.	(Address) Luciu (Balla )000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

back

LION

S. No.

17. INFORMANT

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

10/3610

infor-

OCCUPA

statement

should

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc...... Unknown 11. Total tima (yaars)
spant In thisUnkno 10. Date deceased last worked at this occupation (month and Inknown occupation \_\_ Baltimore 12. BIRTHPLACE (city or town)\_ Maryland (State or country) Samuel Jackson FATHER 13. NAME Baltimore 14. BIRTHPLACE (city or town) Maryland (State or country) MOTHER Margaret Garrett 15. MAIDEN NAME Baltimore 16. BIRTHPLACE (city or town) Maryland (State or country) John E. O'Neill. M. D.

Henryton, Maryland

peputy

Loca

Bootblack

What tast confirmed diagnosis? Was there an autopsy? No 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homlcide? \_\_\_\_\_\_ Date of injury \_\_\_\_\_\_ 19

Pulmonary Tuberculosis

Jan.

1934

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE Manner of injury

Nature of injury.

24. Was disaasa or injury In any way related to occupation of deceased? NO If so, spacify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Where did Injury occur? ....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related ca of importance were as follows:		The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 4 1	936 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

V. S. No. 1

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE O	F DEATH		Maryl	and Tuber	culosis Sanatorium	
	County C	arrol	1		Colore	ed Branch 23 Registration Dist. No. 74	
	Village or City Henryton, Md.					No. (aboye) st.	Ward
	C (If					death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. If of foreign birth?	
2						If U. S. Veteran, specify WARNone	
2.						e'st, Co., Wala. 16 x	
(Usual place of abode)						If nonresident give city or town and S	State
				CAL PART		MEDICAL CERTIFICATE OF DEATH	- 1111
3. SEX 4. COLOR OR RACE F'emale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single				OR DIVORCE	D (write the word)	April 3, 1936  (Month) (Day)	193
5a. i	5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended defended of the state of the sta	eceased from
e n	ATE OF BIRTH	(month day or	Service Service	ent. 3	0, 1918	lest saw h er alive on April 3, 1936, 19	death is sair
7. A			Months	Days	If LESS than	to have occurred on the data stated above, at 12.05m. A. M.	, 00000
	1	7	6	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	Nrade profession or particular			Domesti	С	Pulmonary Tuberculosis	
100			nich	Unknown			Oct.
CUPA	SAW MII	L, BANK, etc.					1935
o.	this occu	pation (month	and Unkn	own spa	ime (years) nt in thunknov upation	n	
12.	BIRTHPLACE (ci		Newar.	k		Other Contributory Causes of Importance:	
22	13. NAME		Blain	e Knott			
FATHER	14. BIRTHPLACE	(city or town	Wicom			Name of operation Date of What test confirmed diagnosis? The confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed diagnosis is a second or confirmed diagnosis in the confirmed d	toney2NO
ER	15. MAIDEN NA	ME	Nora :	Livers		23. If death was dua to axternal causas (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE	(city or town	Wicom			Accident, suicide, or homicide? Date of injury	
_ !		country)	Maryl			Where did Injury occur? (Specify city or town, county and State	
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Md.				ill, M.	· D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ĆE.
18.	BURIAL, CREMAT	TION, OR REM	dya .	1.71	6/34	Manner of Injury	
	Placa _	7	15	Date	11 10	Nature of injury.	10
19.	UNDERTAKER _ (Address)	3/1-	-61	of	10/192	24. Was disease or injury in any way related to occupation of deceased?	10
20.	FILED 4/3/	36 ,19	Deput	COT Loca	Registrar.	(Signed) The Occer (Address) There for	M. D
		0			address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Ses Date of onset	The principal cause of death and related causes	Date of season
9	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	C	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street Ballungie

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Date of onset	The principal cause of death and related causes	Data of season
1915	of importance were as follows:  Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1921	1921 Run over by street car  [uly 5,1927 Peritonitis]  Other contributory causes of importance:

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3905
County Carroll	Registration Dist. No.
Village or City Greenmant	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alander 11. Leath	en word
(a) Residence: No.	St. Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Widowed	21. DATE OF DEATH 4 20 , 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	22. I HEREBY CERTIFY, That I ettended deceased from  1 last saw harmonic alive on part 20 th, 19 36; death is said  1 to have occurred on the date steted ebove, at 2 fg. m.
74 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:  Data of one at
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  110. Date deceased last worked at this occupation (month and 1932 spant in this	Valvular Discool /gras
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
E	Now of a satisfier
4. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of Was there an autopsy?
15. MAIOEN NAME MILES BANGE 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Owell Rody (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIECOSIAL Creek comety 4-23, 1936  19. UNDERTAKER Jacob Wink Lower	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED JAV. 21 , 1936 Jun S. Hughes Registrar.  If more blanks are needed, address State Registrar.	(Signed) A Resh M. E  (Address) Haystaal M. E  2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	ample I	Example II		
The principal cause of death and related causes bate of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 0 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	WAI & 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEIDEAU V	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			Maywell 115 Leaven	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

N. B.-WRITE PLAINA

V. S. No. 1

Exact statement of OCCUPA.

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BINDING	WITH HINEADING INK THIS IS A PERMANE
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RESERVED FOR	INK
N K	DING
MARGIN	INEA
7	WITTH
	_

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3908
1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 74
Village or City by the thethe	death occurred in a hospital prinstitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Meraly Menalow	If U. S. Veteran, specify WAR
(a) Residence: Np. 1019 to Column	St. Ward. Balto Md +
(Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH about 194 193 6
plought white makered	(Month) (Day) (Year)
(3a. If merried, widowed, or divorced HUSBAND of Cerse Manatau	22. I HEREBY CERTIFY. Thet I attended deceased from  Wareh 12 1996 to April 19 19 86
-1/21/14 189A	01 1 184
6. DATE OF BIRTH (month, dey, end yeer) 7, 000	to heve occurred on the dete stated ebove, at 6x 12 Am.
1. AGE 1661S Months Deys 11 LC3 that 1 day,	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence
,   O   Ormin.	were es follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	4
9. Industry or husiness In which	Lectivitation of the Makenani
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Jungo 1
SAW MILL, BANK, etc	
Mukeenen	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town)  (Stete or country)  Makey Raced 0	
	Manie Deference 8-1928
E P. 01	
14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Neme of operation
al P. Marier	What test confirmed diagnosis? Wes there en eutopsy?
16. BIRTHPLACE (city or town) Montale	23. If deeth wes due to external causes (VIOL ENCE) fill In elso the following:
o 16. BIRTHPLACE (city or town) Welsteen blee	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mary Raced	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Acopy Sal Lectures (Address) Les Resculle Med	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plecolles minder Cery, Date of Bul 21, 1936	Neture of Injury
19. UNDERTAKER WY GOOD STANDERS (Address) /2 17 Standard	24. Wes disease or injury in eny wey releted to occupation of deceased?
20. FILED Afri 19, 19 36 Offarry New Registrar.	(Signed) Maced III (See M. D. (Address) Systematics Med

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Example I		Example II	
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Arteriosclerosis MAY 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

V. S. No. 1

of OCCUPA-

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 3907		
1. PLACE OF DEATH		(31) × ~ (		
County Carroll		Registration Dist. No.		
Village or City hu, Wests	mine T. B	No. St. W		
	(1)	f death occurred in a hospital or institution, give its NAME instead of street and number)		
Langth of residence in city or town where de-	ath occurred of O yrsmos	ds. How long in U.S. If of foreign birth?yrsmos		
2. FULL NAME Martha	Marlin	4		
(a) Residence: No.		St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH		
71 W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mccolowed	21. DATE OF DEATH  (Month)  (Day)  (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sacob Mo  6. DATE OF BIRTH (month, day, and yaar)  7. AGE Years Months  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Days If LESS than 1 day, hrs. or min.  11. Total time (years) spant in this occupation.	22. I HEREBY CERTIFY. That I attanded deceased for the control of		
13. NAME John Mars  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Claya Jeir  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT		Name of operation  What test confirmed diagnosis: Line Stephen Was there an autopsy? Mee  23. If death was due to external causes (VIOLENCE) fill in also the following:		
		Accidant, suicide, or homicide?		
(Address) W saturion  18. BURIAL CREMATION, OR REMOVAL  PIECE LEASE WALL  AND THE PIECE LEASE WALL  AND THE PIECE LEASE WALL  PIECE LEASE	los Mail 18. 36	Manner of injury		
19. UNDERTAKER Bankar	of formy	24. Was disease or injury in any way related to occupation of deceased?		

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Registrar.

(Signed)

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Example I	i i	Example II		
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Chronic interstitial nephritis MAY 5 1036	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
POREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 Ä

tem of infor-

1. PLACE OF DEATH	96-60 /
County Carroll	Registration Dist. No. 7 >
Village or City Reserve Sist	No. St Ward
(II	f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Med Jacob Grand	No.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Guale ON DivorceD (write the word)	afril 29 ,1936
5a. If married, widowed, or divorced • C/-	(Month) (Day) (Year)
(or) WIFE of	22.   HEREBY CERTIFY, That i attended deceased from
1 10/6	Apr 1936, to Spr 29, 1936
6. DATE OF BIRTH (month, day, and year) Roca 23 - 1863 7. AGE Years Months Oays If LESS than	I last saw han alive on 1936; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the data stated abova, at £30. 75 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
of a Trade official and still the	wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Casemona y our bould
	74:3
windustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) adams to	Chrome arthritis
(State or country)	
13. NAME Mayer  14. BIRTHPLACE (city or town) Addams Co	
14. BIRTHPLACE (city or town) addams co	Name of operation Data of Data of
(State of country)	What test confirmed diagnosis? Cluves Was there an au'opsy? Use
15. MAIDEN NAME Catherine Heagy	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) aclasses	Accidant, suicida, or homicide?
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17, INFORMANT My Kalle marge	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (Addre	\$4
Place Sittlestown Epate Genery 1 19.2	Manner of Injury
000000000000000000000000000000000000000	Nature of Injury
19. UNDERTAKER L. C. Cille of the	24. Was disease or Injury In any way related to occupation of deceased?
(Address) dillerlan 194	If so, specify 1
20 FUED CORP. & 3.9.036 (On large to the Van)	(Signed) MEV COLOUM. D.
Registrar.	(Address) VIII stormer a

STATE OF MARYI AND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Market State		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3909
County Garrall	Registration Dist. No. 7
Village or City Mean Univentawn	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How iong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MISS Kitter J. Mc fin	nly
(a) Residence: No.	Sy, Ward.
PERSONAL AND STATISTICAL PARTICULARS	V If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORBED ("write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. J.HEREBY CERTIFY. Thet I attended deceased from
(b) mile bi	0 0128, 1635 to Apr. 26, 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h.e.c. alive on April 20, 1931; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, et 12.151.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	0000
4 9 Industry or business in which	Hydroughalus 10.78.3
SAW MILL, BANK, etc.	
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
1 1 6 1 1 1	Muchingorexe
14. BIRTHPLACE (city or town)	Name of operation
(Stete of Country)	What test confirmed diagnosis: X X Was there an autopsy?
15. MAIDEN NAME SALLING STATES	23. If death wes due to external causes (VIO ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, 19, 19
17. INFORMANT Trank Mc Kinnly  (Address) Incomments Man	Where did injury occur?(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATIDI, OR REMOVAL	Menner of injury
Place Woods voro: M. Date Grul 28, 1936	Neture of injury
19. UNDERTAKER OF THE AMERICAN CANADA CONTROL OF THE AMERICAN CONTROL OF THE A	24. Was disease or injury in any way related to occupation of deceased? The
20. FILED Just 19 36 margart Reglar Regularer.	(Signed). Clifal M. Layary M. D. (Address) W. Salumat Land
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	t	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   S. S.	July 5,1927	Peritonitis	3 days ago	
10183.73		\\		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAIM

V. S. No. 1 N. B.—V

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
	ulosis Sanatorium 05
Manual and Maria Cotton ed.	Branch Registration Dist. No. 74
- O	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 1 yrs 6 mos  2. FULL NAME Daniel McWilliams	ds. How long in U.S. II of Ioreign birth? XXXXX mos. ds,
	If U.S. Yeteran specify WAR.
(a) Residence: No. 1227 Penna., Ave., Balto	9 • St., Ward.  If nonresident give giv or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH April 13, 1936 (Year)
5a. II married, widowed, or divorced HUSBAND of	
(or) WIFE of Flora McWilliams	Sept., 26, 1934 April 13, 1936
6. DATE OF BIRTH (month, day, and year) April 20, 1881	I last saw h alive on APT11 15, 1956
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.30 m. A.M.
54 11 24 1 day	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Pulmonary Tuberculosis April 1953
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation from the company and this occupation from the company and the	
12. BIRTHPLACE (city or town) Hughesville, (State or country) Maryland.	Other Castributory Causes of Importance:
E 13. NAME Drury McWilliams,	
13. NAME Drury McWilliams,  Unknown  14. BIRTHPLACE (city or town) Maryland.	Name of operation Date of NO
15. MAIDEN NAME UNKNOWN	What test confirmed diagnosis?
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town) UNKNOWN  (State or country) UNKNOWN	Accident, suicide, or homicide?
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Maryland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner ol injury
Place Ratto City Mongolie 4/14/36	Nature of injury
19. UNDERTAKEN SKANCES & Demoles	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED 4/13/36, 19 Plan Theree:	(Signed) Maryland. (Andgress) Henryton, Maryland.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
App 23 Joseph			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2011	
1. PLACE OF DEATH	(100)	
County Carroll.	Registration Dist. No. 8/	
	ig-00. (147 J). #/. St.,	Ward
Length of residance in city or town whara daath occurredyrsmos.	death occurred the horpital or institution, give its NAME instead of street and number death of the horpital or institution, give its NAME instead of street and number death of the horpital or institution, give its NAME instead of street and number death of the horpital or institution, give its NAME instead of street and number death of the horpital or institution, give its NAME instead of street and number death of the horpital or institution, give its NAME instead of street and number death of the horpital or institution, give its NAME instead of street and number death of the horpital or institution, give its NAME instead of street and number death of the horpital or institution, give its NAME instead of street and number death of the horpital or institution, give its NAME instead of street and number death of the horpital or institution or institution or institution of the horpital or institution or instituti	
2. FULL NAME Benjaman M. Milke	in 8	
	X	
(a) Residence: Noveling Fen' word.  (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH	
Mule Colored . S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Mule Colored . Murried :	21. DATE OF DEATH (Month) (Dey) (193	6. Year)
5a. If marriad, widowed, or divorced HUSBAND of (60) WHE of Longs law Mulberry	22. 1 HEREBY CERTIFY. That I attended decees	sed from
6. DATE OF BIRTH (month, day, and year) 1869 - 8 - 6 3.	I last saw, hardon 4-5- 193 & deal	th is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 11/0 p.m.	
66 7 /3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
8. Trade, profession, or particular	Date	ofonset
The second secon	Gastro enterito	A.
9. Industry or businass in which work wes done, as SILK MILL,	io 10	07/2
SAW MILL, BANK, etc		
this occupation (month and spent in this occupation		
12. BIRTHPLACE (city or town) Freducele 60.	Other Contributory Causes of Importance:	
(State or country) M.d.		
13. NAME Swann Milberry	921	
14. BIRTHPLACE (city or town) Treduct 160.	Name of operation Date of	
(Steta or country) Mil.	What test confirmed diagnosis? Was there an autops;	1?
15. MAIDEN NAME Margaret Swann.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Frederick 60.	Accident, suicida, or homicide? Data of Injury, I	19
(Siete of Country)	Whera did injury occur?(Specify city or town, county and State)	
(Address / P. D. I Umon Conda The	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place M. Joy Campy Davelynes 8, 1936.	Nature of injury	
19. UNDERTAKER 6. M. Halto. (Address)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Gyril 7, 1936 Eighman	(Signed) (Address) A A A	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	TX.

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To be complete, an occupation return must state: The apparatus communication communication communication and apparatus communication and appar

8.—The trade, profession, or particular kind of work done ession, or as 9.—The industry or business in which the work was done or train to very he work was

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation of decrees a loved of the occupation, avoid the use of such indefinite terms as "employee," "worker," operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc. and return that, as spinner, weaver, etc.

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Example I		Example I Example II	WALL BY
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of timsets.	of the principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week aga
Chronic interstitial nephritis MAN 5 1996	1991	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis in Programme P	3 days ago
BUREAU V. S.		~ 4	
Other contributory causes of importance:	hembeing	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis in 23	1 year

V. S. No. 1 N. B.—W

5 I A I E OF MARYLAND-	-CERTIFICATE OF DEATH 3912
0 -	93-0
	Registration Dist. No.
	No. St., Wa  (If death occurred in a horpital or institution, give its NAME instead of street and number)  105. 2.0 ds. How long in U.S. ii of foreign birth? yrs. mos.
2. FULL NAME Sugan Pelecca	mussay
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Ferrale White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
is. If merried, widowed, or divorced HUSBAND of Churles M. Murray	1 HEREBY CERTIFY That I ettended deceased for the standard deceased fo
5. DATE OF BIRTH (month, day, and yeer) Oct. 6, 1851	Mast sew here elive on April, 25, 1936; deeth is
7. AGE Yeers Months Days II LESS than	to heve occurred on the date steted above, et 50km.
84 6 20 1 dey,hr	s. The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Col Carlo
S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	p cleroses ins
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11,500
2. BIRTHPLACE (city or town) A any of curl	Other Coursibutory Causes of importance:
(Stete or country) many Euris	- arabnua Goi.
13. NAME Wheeler Murray	
13. NAME Wheeler Murry  14. BIRTHPLACE (city or town) Hampsteine  (Stete or country) Murfluid	Name of operation Dete of What test confirmed diagnosis? Classical Westhere en autopsy?
15. MAIDEN NAME Salah armuve	23. II deeth wes due to externel ceuses (VIOLENCE) fill In also the Tollowing:
16. BIRTHPLACE (city or town) dany ofene	Accident, suicide, or homicide? Dete of Injury
(State or country) Mary Runel	Where did injury occur?
17. INFORMANT C. L. Murray (Address) Laws stews my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Tamy Med Ma Dete 4-28, 193	Neture of Injury
9. UNDERTAKER Jacob Winks Sans, (Address) man chester, and	24. Wes disease or injury in any way related to occupetion of deceased?
20. FILET Spil 27, 1936 John S. Hughes J. Registra.	(Signed Maurice C. Farty fully
	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	- 11 11	Example II	
The principal cause of death and related causes of importance were as follows: MAY 2	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephralis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Juty 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 3013
1. PLACE OF DEATH	- Man X 79
County O arps (	Registration Dist. No.
Village or City delse (KMM)	No. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs.qO_	mosds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME MUS Sarah Jane	myers 06x-
(a) Residence: No. Janua David Musual place of Goode):	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (grite the word	
5a. If married, widowed, as diversed HUSBAND of SALULA A	
(or me of M. gerome Myers	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end/year) Thul 144803	t last sew h alive on the 20, 1936 _; death is said
7. AGE Yaars Months Day's If LESS the	
830 8 1 day,	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Hauslware SAWYER, BOOKKEEPER, etc.	Apoplety -
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date daceesad last worked at this occupation (month and spent in this	
year) Occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME PERSE KOOMES ON O	
14. BIRTHPLACE (city or town)	Name of operation Loue Date of
1 (State of country)	What test confirmed diegnosis? Clause Was there an autopsy?
15. MAIDEN NAME STAND SILVER 16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
∑ (State or country)	Whare did injury occur?
17. INFORMANT V. G. M. MANUTAN THE (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleca Warner Jany Date agra 24,19	Neture of injury.
19. UNDERTAKER Dussylvan (Address)	24. Was disease or injury In eny wey releted to occupation of daceased?
20. FILED 4/22/, 1936 Callin Banker	(Signed) H. C. Crouse M. D
	trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

1. PLACE OF DEATH			(107-	15 4,6	
County Carrall			N//	gistration Dist. No.	
Village or City Acree	wells	- Of	death occurred in a hospital of institution, give	Call Harring of street and number	
Langth of residence in city or town whe	era death ocourred		ds. How long In U.S. if of foreig		
2. FULL NAME Make	1dans	- They	If U. S. Veteran, specify	WAR O O	
(a) Residence: No. 3/28	Hartle	1 Pm	St., Ward. Bali	1 111	
(a) Residence. No.	(Usual place			nonresident give city or town and State	
PERSONAL AND STATIS	STICAL PARTI	CULARS	MEDICAL CERTI	FICATE OF DEATH	
SEX 4. COLOR, OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	· . 0 , - lb,	
Leccole white		Excep	(Mon	(Year (Year)	
a. If married, widowed, or divorced HUSBAND of	1 1.		m d lump may on	RTIFY. That I attended deceased	
(or) WIFE of Charles a	. Then			2 to askel 15-19	
DATE OF BIRTH (model downstand)	2 - 17	1868	I lest saw h. M. alive on Africa	e 3 19 9 4; deeth is	
. DATE OF BIRTH (month, day, end year)  AGE Years Months	Days	If LESS then	to heve occurred on the date stated above	A D	
68 /	28	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end		
8 Trade profession or particular	1 ~	ormin.	ware as follows:	Date of o	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Nacisaca	ela	Russia de Les	cereira 3-3	
9 Industry or business in which			aroung in	was a second	
work wes done, as SILK MILL, SAW MILL, BANK, etc					
SAW MILL, BANK, etc	11. Total ti	ima (yaars) nt in this			
yeer)	OCCU	petion	Other Cantributery Causes of Importance:		
2. BIRTHPLACE (city or town) - Rale	weeke		1		
(otate of country)	reglaced		Levile Dych	isia 19	
13. NAME Cacked &	ang				
14. BIRTHPLACE (city or town)	uleur		Nama of operation	Date of	
(State of Country)	rusace	7	What tast confirmed diegnosis? Was there an autopsy?		
15. MAIDEN NAME ** ** ** ** ** ** ** ** ** ** ** ** **	Labelli	ing	23. If death wes due to external causes (VI	OLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Unknou	character and the same of the	Accident, sulcida, or homicide?	Date of injury, 19	
(Stete or country)	unary		Where did injury occur?		
7. INFORMANT Nasfetel	Resua	4	Spacify whether injury occurred in INDU	ecify city or town, county and State) STRY, in HOME, or in PUBLIC PLACE.	
(Address) Au/A	exuelle.	nd.			
18. BURIAL, CREMATION) OR REMOVAL			Mannar of injury		
Place Jarnivard	) Data apr	18 ,19 24	Nature of injury		
19. UNDERTAKERMA MES. Jol	w & Men	lel & Some	24. Was diseesa or injury In any way rele	ted to occupation of deceased?	
(Addrass) 801 W. 17	syetter /	SV	If so, spacify		
11	0/	Horal	(Signed) Illaced	Ul. Rees	
20. FILED JW / 6 1936 C	Marie 1		(0.8)		

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance we're as follows:	Date of onset
Arteriosclerosis	1915	Attack of epile sy	1 week ago
Chronic interstitial nephritis	1921	Run over by dreit car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		19 00	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastrocateritis / /	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	ONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIA	N
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V. S. No. 1 N. B.—V

	1	STATE	JF MAR	YLAND-	CERTIFICATE C	OF DEATH	
1	. PLACE OF	DEATH	IN POSSERVED		108	nuth =	3015
	County	Carroll	200	JY	n C Home for ag	Registration Dist. No.	6
/	Village or Cit	w Westmins	ster	TO PY 21 CO	No. Main & Clour	rch s	t Ward
/					death occurred in a hospital or institutio		
	Length of resid	ence in city or town where	death occurred	/yrsQmos	ds. How long in U.S. if of t	oreign bifth?yrs	mosds.
2	. FULL NAM	ne Carri	e Edmun	ds Osborr	1e	*	
	(a) Residence	e: No. Hain &	& Church		St., Ward.	·	••••
gitalcys	BEDCON	AL AND CTATICS	(Usual place		MEDICAL CE	If nonresident give city or tow	
	SEX	AL AND STATIST				RTIFICATE OF DEAT	Н
3.	SEA	4. COLOR OR RACE		RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH	oril 16.	102 6
_	female	white	sin	gle		(Month) (Day)	(Year)
ba.	If married, widowe HUSBAND of	d, or divorced			22. I HEREBY	CERTIFY That I alte	ended deceased from
	(or) WIFE of				1	930 to apr. 1	6 1936
6.	DATE OF BIRTH (n	month, day, and year)	av 6. 1	864	I last saw hand alive on	Ar. 16 19	7.4; death is seld
_	AGE Years		Days	If LESS than	to have occurred on the date steted	above, at 5.4-P.m.	
	7	1 11	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of Importance	A STATE OF THE PARTY OF THE PAR
z	8. Trade, profess	sion, or particular			01		Data of enset
OCCUPATION		BOOKKEEPER, etc	at home		Morue	Myseorki	tu 1930
PA	9 Industry or b	usiness in which done, as SILK MILL, ., BANK, etc			41	01	
D)	SAW MILL 10. Date deceased		11 Total t	ime (yeers)	Novoy	nemon	14/11/3
ŏ	this occupa	ation (month and	Spa	nt in this			1
_	1 90017 222			apation	Other Contributory Causes of Import	ance:	
12.	BIRTHPLACE (city	or town)	land				
02	(State or count						
HE	13. NAME	JIIIIam	S. Osbo	rne			
FATHER	14. BIRTHPLACE		-1 d		Name of operation	Date Date	a of
_	(State or o		vland		What test confirmed diagnosis?	Was ther	re en au'opsy?
MOTHER	15. MAIDEN NAM	E Fannie	Phompson		23. If death was due to external cause		•
MOT	16. BIRTHPLACE		. 7		Accident, suicide, or homicide?	Dete of Injury	, 19
-	(State or o	country) Hary	rland		Where did Injury occur?	(Specify city or town, county as	ad State)
17.	INFORMANT		Llda.Alb		Specify whether injury occurred in I	NDUSTRY, In HOME, or in PUBL	IC PLACE.
18	(Address) BURIAL CREMATI		nster, M	d.			
20.		ngdon, Md.	Date Apr	. 18.1036	Manner of injury		
					Nature of injury		115
19.	UNDERTAKER		cis Rees	е	24. Was disease or injury in any way	related to occupation of decease	d7 V 0
1	(Address)	westmins	ster, Md	-0-	If so, specify	udalin	
Jo.	FILED J	1.12360/	wo	Jan 200	(Signed)	olas t	M. D.
	/		7	Registrar.	(Address) _/_/_		2

If more blanks are needed, address State Registrer, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	zaminipico.
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227 007 000000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

				)F MAR	YLAND-	CERTIFICATE OF DEATH	010
1.	PLACE OF					73:20 ×	310
1	County	C	arroll			Registration Dist. No	L. (3
/	Village or C	ity	near We	stminst	er	No. St.  f death occurred in a hospital or institution, give its NAME instead of street  s. ds. How long in U.S. if of foreign birth?	,Ward
	Length of resid	dence in cit	y or town whera	death occurred	5yrsmo:	sds. How long in U.S. if of foreign birth?yrs	mosds.
2.	FULL NAI	ME	Ed wa rd	Avleswo	rth Perry	V	
				Westmin (Usual place	ster	*	and State
	PERSON	AL AN	D STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEAT	
3. SEX		1	R OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
	male		white	marr	(write the word)	April 27 (Month) (Day)	, 193_6 (Year)
5a. If	married, widow HUSBAND of	ed, or divo	ced				
(	(or) WIFE of	· A:	ngela I	ogee		22. I HEREBY CERTIFY, That I atter	
6 DA	TE OF BIRTH	month day	and year)	ent. 12	. 1868	Hast saw home alive on Canal 25" 19	
7. AGI			Months	Days	If LESS than	to have occurred on tha date stated above, at. 8	7 , 000th 13 30tu
	6	7	9	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:	1
Z	8. Trada, profes	sion, or pa	rticular			Cornery Phombosis	Date of onset
NOI 1			SPINNER, PER, etc	farmer			244
3	9. Industry or I work was	done, as S	WHICH ILK MILL, tc				
2	Date decease		ked at	11. Total ti	me (years)		
-		pation (mon			nt in this opation		
12, BI	RTHPLACE (cit	y or town)_			1	Other Coutributory Causes of importanca:	Same
	(State or coun	itry)	New	York			minica
FATHER	3. NAME		Albertu	s Perry			
Y 1			wn)			Name of operation Date	
-	(State or			York		What test confirmed diagnosis?_Clusure Was there	an au'opsy?
-	5. MAIDEN NA	ME	Lida Gr	ant		23. If death was due to external fauses (VIOLENCE) fill in also the following	
Q 1	6. BIRTHPLACE	(city or tox	vn)New	York		Accident, suicide, or homicide? Date of injury	, 19
						Where did injury occur?(Specify city or town, county and	State)
17. IN	FORMANT (Address)		Mrs. Ar.	gela Pe	rry	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	; PLACE,
18. BU	IRIAL, CREMAT	ION, OR RI	EMOVAL			Mannar of injury	***************************************
	Place_Le 1	ster	s cem.	Date_Apr	. 30,,1936	Nature of injury	
19. UN	DERTAKER	J	. Franc	is Rees	е	24. Was disease or injury in any way ralated to occupation of deceased	, he
	(Address)			ter, Md		If so specify	
20, FII	LED A	25,1	36 2	lu	rootes	(Signed) C. T. Sellingelen	M. D.
	//			/	Registrar.	(Address) Which is a second of the secon	mand.
	V		If more	blanks are needed, a	ddress State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis MAY 3 1999	1921	Run over by street car	1 week ago		
Cercbral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Address)

more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVEL Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City Jolennytand (11)	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2 FULL NAME Charles II King	less
(a) Residence: No. John M. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Spril 7, 193 6.
5a. If married, widowed, or divorced	(Mg/hth) (Day) (Yeer)
HUSBAND of Cor) WIFE of Mann & Ridgeleys	March 12 1936 to alred 7 1936
6. DATE OF BIRTH (month, day, end year) Anglo, 1866	I lest saw h in alive on afril 16, 19.3 6; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
1 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, Pafial and the second of the secon	acute mystardilis afril 2/1
SAWYER, BOOKKEEPER, etc	Sofar greamonia trocks
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month end spant in this occupation for AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
12. BIRTHPLACE (city or town) I fawaya Co	Other Cantributory Cagnes of Importance:
(State or country) Manual	
13. NAME Vicholas Ridalen	
13. NAME / 12 Para Manual Manual Control of	Neme of operation Date of Date of
(State or country) Manuland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Matilda Mampson	23, If death wes due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Matilda Manueson  16. BIRTHPLACE (city or town) North Ad Co.	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) Maryland	Where did injury occur?
17. INFORMANT Mary En Ridgley. (Address) John Son Ton, Malley	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place St. Johns Cem Date Mpt 10, 1936	
19. UNDERTAKER Easton Jones (Address)	24. Wes disease or injury in any way related to occupation of deceased? 223
20, FILED Spis 8, 19.36 B. Warry West	(Signed) M. D. (Ardress) Aufricum M. D.
Registrar.  If more blanks are needed, address State Recesstrar,	2411 N. Charles Street, Baltimora Requesting V. S. No. 1.

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Cerebral hemorrhage: MAY 4 1936	July 5,1927	Perilonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PA	1	. PLACE OF	DEAT	TH	Maryl	and Tul			
d s	A	County				Col			
should state		Village or Ci		nryton	. Md.				
S sl			·J		eath occurred.	) <sub>yrs.</sub> 3			
IAN men	2	. FULL NAM			Walpert				
PHYSICIANS ict statement		(a) Residence	(	Centrev	Usual place of				
PH Exact	permen	PERSON	AL AN	D STATISTI	CAL PARTIC				
FX:		sex Male		or race	5. SINGLE, MARK OR DIVORCED Sing	(write the word)			
stated EXACTE properly classified. certificate.	5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divo	ced	*****	-			
EX A	6. 1	DATE OF BIRTH (	nonth, day	, and year) Au	igust .15	, 1927			
stated E properly certificate.	7. /	AGE Year	S	Months	Days	If LESS that			
stated properl		8		8	14	or XXXXX			
be so po of ce	NOI	8. Trade, profession, or particular kind of work done, as SPINNER, Scholar SAWYER, BDOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW, etc							
ould may back	3								
AGE should that it may ions on back	220	10. Date decease this occupy year)	d last wor	ked at	11. Totai ti	me (years)			
supplied. AGE should in terms, so that it may See instructions on back	12. BIRTHPLACE (city or town) Centreville, (State or country) Maryland.								
plie rms nsti									
illy supplied. Appling terms, so See instruction	13. NAME Joseph Kyans  14. BIRTHPLACE (city or town) Queenstown, (State or country) Maryland.								
t pla									
carefu FH in	MOTHER	16. BIRTHPLACE (State or	(city or to	Quee	nstown,				
ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should status OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAN is very important. See instructions on back of certificate.	17.		John	E. O'N	eill, M. Marylar				
tion shou USE OF	18.	BURIAL, CREMATI	ON, OR R		15	an 1 19			
N C S	-		7	DI		7			

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium Colored Branch 23 Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How fong in U.S. if of foreign birth? XXXXXXXXX If U. S. Veteran, specify WAR een Annes If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH alive on April 29, 1936. The PRINCIPAL CAUSE OF DEATH and related causes of importance Pulmonary Tuberculosis Name of operation What test confirmed diagnosis? Accident, sulcide, or homicide? Where did injury occur?. Nature of injury If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If LESS than

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	d d d d d d d d d d d d d d d d d d d	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			ып

ż

should state item of inforof OCCUPA-

51	AIF O	F MAR	YLAND-	CERTIFICATE OF	- DEATH 3	920
1. PLACE OF DEAT			-	131	7	
County Town	Carroll				Registration Dist. No. 7.	/ 
Village or City We	stminst	er R	.F.D. # 4	No	St.,	,War
Length of residence in city	or town where de	ath occurred_2.	(1) 5 vrs mos	death occurred in a horpital or institution,ds. How long in U.S. if of fore	give its NAME instead of street at eign birth?	ud number)
	Aaron S				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				4 St., Ward.	X	
(a) hesidence. No		(Usual place	of abode)	waiu.	If nonresident give city or town	and State
PERSONAL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL CERT	TIFICATE OF DEATH	1
Male Whi		5. SINGLE, MAR OR DIVORCE Marr	RIED, WIDOWED,  D (write the word)  1 ed	21. DATE OF DEATH	717 ] onth) (Day)	, 193_6 (Year)
5a. If married, widowed, or divorce HUSBAND of						
(en)-WIFE of Mary	E. Lea	therwo	od		ERTIFY, That I attend	
6. DATE OF BIRTH (month, day, a	and veer)	Sept.	6, 1856	I last saw h alive on Q	103	, 19.3. <
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated abo	ve. at	- y , doarn 13 aai
79	6	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH an were as follows:		
Trade, profession, or part kind of work done, as SAWYER, BOOKKEEPE	SPINNER.	Farm		chimic Interstitud replacti		
3, Industry or business in work was done, as SIL	which K MILL,		<u> </u>			- dlm
SAW MILL, BANK, etc  10. Date deceased last worke this occupation (mont) year)	ed at	spa	ime (years) ntin this upation			clgs
12. BIRTHPLACE (city or town) (State or country)		vland		Other Coutributory Causes of important	win and	
		aeffer		Menia 6	una.	
H 13. NAME S11  14. BIRTHPLACE (city or town (State or country)	1)	yland		Name of operation Date of Date of What test confirmed diagnosis? Clinical Was there an au'opsy?		
置 15. MAIDEN NAME E1	izabeth	Stocks	sdale			
15. MAIDEN NAME Elizabeth Stocksdale  16. BIRTHPLACE (city or town) (State or country)  Maryland			23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  Where did injury occur?			
	y G. Sc	haeffe	r R.F.D. 4	Specify whether Injury occurred in IND	Specify city or town, county and S USTRY, in HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REA	MOVAL			Manner of Injury		
Place Kriders	Cemete	royte. Apr	$r. 4_{19} 36$	Nature of Injury		
19. UNDERTAKER J. (Address)	Francis estmins	Reese ter Md	•	24 Was disease or injury In any way rel	lated to occupation of deceased?	no
14/2	2/ /	1/ Ania	2 1 1 1 man	(Simula C) 13	111111111	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	xample I		Example II	
The principal cause of de of importance were as foll Arteriosclerosis	ows E V	tses Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Data of onset  1 week ago
Chronic interstitial nephritis	MAY 5 19	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	RURFAU V	. 3		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.
Z		1	1

18. BURIAL, CREMATION, OR REMOVAL

item of inforshould state of OCCUPA.

1	STAT	E OF	MARYLAND-	CERTIFICATE OF DEATH	3921
	County Carro Village or City Sykes Langth of rasidence in city or tow	ville	(10	Registration Dist. No.  No.  No.  death occurred in a hospital of institution, give its NAME instead destre	St. Ward  eet and number)  mos. ds.
2	2. FULL NAME Lewi	s Soi		if U. S. Veteran, specify WAR	
	PERSONAL AND ST	ATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
3.	Male White		Single, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  April 9  (Month) (Oay)	, 193 6 (Year)
7.	61 Uni	noths /	Days If LESS than I day, hrs.	22. I HEREBY CERTIFY, That I at March 29 , 1936 , to April 9  I last saw h_im_ alive on April 9 , 1  to have occurred on the data stated above, at 9 Asm.  The PRINCIPAL CAUSE OF DEATH and related causas of important ware as follows:	9 36; danth is said
OCCUPATION	9. Industry or business in which work was dona, as SILK MIL SAW MILL, BANK, atc			Bronchial pneumonia (Primary)	
00	10. Oate dacaased last workad at this occupation (month and year)		11. Total tima (years) spent in this occupation	Other Contributory Causes of Importance:	
12.		Inknow			
13. NAME Alexander Seigler 14. BIRTHPLACE (city or town) Unknown (State or country) Germany		Name of operation	1.		
ER	15. MAIDEN NAME	Jnknow	n	23. If daath was due to extarnal causes (VIOL ENCE) fill in also the f	
MOTHER	16. BIRTHPLACE (city or town)(State or country)	Jnknow Jerman	У	Accident, suicida, or homicide? Oate of injury.  Where did injury occur?	and State)

Registrar. (Address) Salvar

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Mannar of injury
Nature of injury

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	W Qu		
Other contributory causes of importante	Pb /	Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year
	7/		
	7		

1. PLACE OF DEATH	MARILAND	-CERTIFICATE O	DLAIN	3922
County Carroll		(0.5)	Registration Dist. No.	78
Village or City P.D. M.	ary:	No		St., Ward
Length of rasidence in city or town whera d	11 6 .	If death occurred in a hospital or institution sds. How long In U.S. if of fo		
2. FULL NAME Paul (a) Residence: No. Covers	M. Selly. Corner (Usual place of abode)	St., Ward.	If nonresident give city or to	
PERSONAL AND STATIST		MEDICAL CER	RTIFICATE OF DEA	
Male 4. COLOR OF RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	mil 21	, 193 6 · (Year)
5a. If marriad, widowad, or divorced HUSBAND of Corp. WIFE of Wather	me Selfy.	22. March 3 19	SERTIFY, That I at	itended daceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated at The PRINCIPAL CAUSE OF DEATH a ware as follows:		
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer.	Bronchiect	Tais.	Feb. 19
work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Totel tima (yaers) spent in this occupation	Othar Contributory Causes of Importa-		
12. BIRTHPLACE (city or town) - Fredle (State or country)  13. NAME Frankler: E	mel 60-	Other Contributory Causes of Importa-	nce feetin	March 19
14. BIRTHPLACE (city or town) Tress	wel 160-	Name of operation		ite of
15. MAIDEN NAME Jake	Blacksten.	23. If death was dua to external causes		
16. BIRTHPLACE (city or town)	med lo	Accident, suicide, or homicida? Where did Injury occur?		
17. INFORMANT Mr. Hathern (Address) P. D. Mt. a	ni Selby:	Spacify whether injury occurred In IN	(Specify city or town, county a IDUSTRY, In HOME, or In PUBL	and State) LIC PLACE,
18. BURIAL CREMATION, OR REMOVAL Place ype Creek Cemby	Date (pril 25, 1936	Mannar of injury		
19. UNDERTAKER 6.74	Halfred md.	24. Was disease or injury in any way i	ralated to occupation of deceas	ed?
20. FILED Offic 24, 19 36	E. M Farrer	(Signed)	uly trab	М. Г

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRALLY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

# STATE OF MARYLAND-CERTIFICATE OF DEATH

7)	13	63	10
5	3	2	.3
1	0	-	

/1	1. PLACE OF DEATH County Carroll		(3)	74
	Village or CitySykesville	AL.	Registration Dist. No.  No. Springfield State Hosp f death occurred in a hospital or institution, give its NAME instead of street	ital Ward
	Length of residence in city or town where death	occurred 3 yrs 1 mos	s. 36 ds. How long in U.S. if of foreign birth? yrs.	et and number)
:	2. FULL NAME Moses Shar		If U. S. Veteran, specify WAR	
	(a) Residence: No. 5 South H	High Street, Ba (Usualplace of abode)	altimore walkaryland. 000	vn and State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	
3.	Male 4. COLOR OR RACE   5.	SINGLE, MARRIED. WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH 6, 1936.	, 193 (Year)
5a.	. If married, widowed, or divorced HUSBAND of Cor) WtFE of		22. I HEREBY CERTIFY, That tatt February 20th, 33, April 6	tended decaasad from
6.	DATE OF BIRTH (month, day, and year) Unk	., Unk., 1897		
7.	AGE Years Months 39 unknown	Days If LESS than Iday, hrs.	to have occurred on the data stated above, at. 11:20. p.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
NO	8. Trade, profession, or particular kind of work done, as SPINNER, NOY SAWYER, BOOKKEEPER, etc.		Chronic endocarditis ?	Date of onset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		artic stusses	untu.
000	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town) Unknown (State or country) Unknown		Other Contributory Causes of importance:	4.10
ER	13. NAME Unknown			
FATHER	14. BIRTHPLACE (city or town) Unknown (State or country) Unknown	ו		te of
ER	15. MAIDEN NAME Unknown		What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (city or town) Unknown (State or country) Unknown	1	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT Springfield Sta (Address) Sykesville, Md.	ate Hospital (Records)	(Specify city or town, county a Specify whether injury occurred In INDUSTRY, In HOME, or In PUBL	nd State) IC PLACE.
	THE COMPANY OF REMOVAL	9 4/10 10%	Mennar of injury	
19.	UNDERTAKER (Address) 143 %	registres.	24. Was disease or injury in any way related to occupation of decease	d? No
20.	FILED SIJU9, 1936 ON	Registrar.	(Signed) Massier (Address) Springfield State	Hospital
	If more blank	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Reguesting V. 5. No. Y. , Mar	yland.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I	m-tong:	Example II		
The principal cause of death and telated causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis INV 4 1996	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage S. FAII V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-Y, WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly of TON is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. N. B.-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2.4
1. PLACE OF DEATH		4
County Carrale	Registration Dist. No. 76	7
Village or City Sleyman	No	Ward
	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?m	
2. FULL NAME Annie M. Sharet	<b>T</b>	
(a) Residence: No. / Cypial place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Color of the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or diverted HUSBAND of (or) WIFE of  Little Sheare Tas	22., I HEREBY CERTIFY, That I attended  March 26, 1936, to Gr., 10	
6. DATE OF BIRTH (month, day, and year) Que, 19, 1855		: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state above, at 7,50 4m.	
80 7 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done as SPINNER		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arteno selevous	//
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  10. Date deceased last worked at this occupation (month and spent in this	ļ	
year) occupation	Other Contributary Causes of importance;	-
12. BIRTHPLACE (city or town)		21-0
(State er country) Mengland	Cerebral embolism	1936
13. NAME Keelen Deolliss		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	autopsy?
15. MAIDEN NAME Cincilled Letterling 16. BIRTHPLACE (city or took)	23. If death was due to external causes (VIOL ENCE) fill in also the following	:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT MV D - Reveliging & house	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Taugh S. M.J. Jun Date Mul 13, 1956	Nature of injury	
19. UNDERTAKER CO GUARANTO	24. Was disease or Injury in any way related to occupation of deceased?	re
(Address) and All All	If so, specify	
20. FILED CLASS. 11, 1936 Miss.) Stead S. Delles Registrar.	(Signed) Court Miller	ØM. D.

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 15	3 days ago
		GRAED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE F	OR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
--------------	--------	----	---------	-------------------	----	-----------

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 39	25
1. PLACE OF DEATH		(93) 15	,
County Catrafl		Registration Dist. No. 7.4	
Village or City Lykees	elle	Accompany Cale Honghel	
Langth of rasidence In city or town where de		death occurred in a hoppifal or institution, give its NAME instead of street and nudeds. How long in U.S. If of foreign birth?	
2. FULL NAME A LUE	Liegel	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. Separate If nonresident give city or town and S	itate
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jeweal white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (water the word)	21. DATE OF DEATH Apail 23 -	193 6 (Year) .
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I attended d	aceased from
6. DATE OF BIRTH (month, day, and year)	ene 15.1886	Hast saw h It aliva on affice 2 2mg, 19 36.	death is said
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the data steted ebove, atm.	
4/ /0	ormin.	The PRINCIPAL CAUSE OF DEATH and ratated causas of importanca wera as follows:	Date of onset
8. Trede, profession, or particular kind of work dona, as SPtNNER, SAWYER, BOOKKEEPER, atc	usue	Servel Paralysis of	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		the dugana	wif
SAW MILL, BANK, etc	II. Total tima (yaars) spant in this occupation		
	lo	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	ryland	facolys toteroachios	unk
13. NAME facal. Ne	elgel		
14. BIRTHPLACE (city or town)	elleuran.	Name of operation Dete of	
(State of country)	rulaged	Whet test confirmed diagnosis? Wes there an eu	topsy?
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town)	/ / Case	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	lukuoun -	Accident, sulcide, or homicide? Date of injury	, 19
17. INFORMANT Naglista (Addrass)	2 Records	Whara did Injury occur?  (Specify city or town, county and State, Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	CE.
18 BURIAL, CREMATION, OR REMOVAL COM	M. afw. 35, 1936	Mannar of Injury	
19. UNDERTAKER Style AND SELECTION (Address) Life will	Vie.	24. Was disaase or Injury In any way related to occupation of deceased?	
20. FILE DIS 24, 1936 QH	ary Hell Registrar.	(Signad) Wand W Cess (Address) Dy Reportle M	M. D.
If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
THE PROPERTY OF				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 392	21;
1. PLACE OF DEATH  County Carrell ATE LIMITS	- M. T. / 1 /2 /	
County Canally	Registration Dist. No.	n pa pa pa de de de da pa
Village or City ////////////////////////////////////	NoSt.,	Ward
·	death occurred in a hospital or institution, give its NAME instead of street and number and successful death. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME Charles . Robert x	teshan	
(a) Residence: No. Mard and	Ward.	
(Usual place of abode)	If nonresident give city or town and Stale	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATHS (Month) (Day) , 193	(Yeer)
6a. If married, widowed, or diverced HUSBAND of (or) WIFE of (AB)	22. HERRBY CERTIFY, That I attended dages	sed from
DATE OF DIRTH (100 to 100 to 1	last sew h levalive on april 24 1936 dee	th Is sald
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et 2 Pm.	tii is satu
46 5 /H 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Trade, profession, or particular kind of work done, as SPINNER,	Ust.	e of onset
SAWYER, BOOKKEEPER, etc.	Page 1	1130
work was done, es SILK MILL, SAW MILL, BANK, etc.	L'avectiones I district.	51. 31
10. Date deceased last worked et this occupation (month and year) 11, Total time (years) spant In this occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)		
13. NAME Land H. Stephan	4 4 -	
14. BIRTHPLACE (city or town) (State or country)	Name of operation	beg
15. MAIDEN NAME Many dringling	What test confirmed diagnosis? Was there an au'ops  23. If death was due to external causes (VIOLENCE) fill in also the following:	y!
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury,	19
(State or country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT MAS Harch Suprano	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	*****
18. BURIAL, CREMATION, OR REMOVAL Canalica April 160 36	Manner of injury	
Place Marke Lim Work ( 1949 26	Nature of injury	
19. UNDERTAKER (Address) A Hall A	24. Was disease or injury In any way related to occupation of deceasod?	-0
11/11/ 36 V-1 Woodwar	(Signed) Suculus Para	MD
20. FILED 7 19 C Registraf.	(Address) WEsterneter to	ed,
		-

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage  Other contributory causes of importance:	Example I	No. of Street		Example II		
Chronic interstitial nephritis Cerebral hemorrhage  Other contributory causes of importance:  Other contributory causes of importance:  Other contributory causes of importance:	The principal cause of of importance were as f	ollows:		te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Cerebral hemorrhage  July 5,1927 Peritonitis  Other contributory causes of importance:  Other contributory causes of importance:	Arterioselerosis	MAY 4 1	955	1915	Attack of epilepsy	1 week ago
Other contributory causes of importance:  Other contributory causes of importance:	Chronic interstitial nephrit	19		1921	Run over by street ear	1 week ago
	Cerebral hemorrhage	BUREAU	$\vee$ . $\supset_{Ju}$	ly5,1927	Peritonitis	3 days ago
Gallstones May 1,1923 Gastroenteritis 1 ye	Other contributory caus	ses of importance:			Other contributory causes of importance:	
	Gallstones		M	ay 1,1923	Gastroenteritis	1 year

V. S. No. 1

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Every item of infor-

Exact statement of OCCUPA.

STATE OF	MARYL	AND-	-CERT	IFICA	TE	OF	DEA	TH

1		ST	ATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH 309	
1.	PLACE OF	DEATH		Mary		erculosis Sanatorium -	
	County C	arroll			Colo	red Branch 23 Registration Dist. No. 74	
V	Village or Ci	ty Henr	yton	Maryla	nd	No. (above) St,	_Ward
	Length of resid	ience In city o	r town where	death occurred	O wre O mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  2 ds. How long In U.S. if of foreign birth?	) de
	FULL NAT				. 9yi39mios	None	
2.					Co., Md.	U. O. Veterall, Specify WAN.	
	(a) Resident	e: No.Ow	ings,	(Usual place		St., Ward.  If nonresident give city or town and State.	
	PERSON	AL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	x Male	4. COLDR O		5. SINGLE, MAI OR DIVORCE Sing	RRIED, WIDDWED, D (write the word)	21. DATE OF DEATH  April 12, 1936  (Month) (Oay) (You	ear)
5a. If	married, widow	ed, or divorced					
	(or) WIFE of					22. 1 HEREBY CERTIFY. That I attended decease April 10, 1936, to April 12, 193	d from
		1	A	Tow 6	1008	im April 19 1936	ls said
7. AG			Months	Days	1908	to have occurred on the date stated above, at 6.00 A. M.	12 2alu
	2	7	5	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
794						Pulmonary Tuberculosis Oate	of onset
101	kind of w SAWYER,			Laborer			
A	9. Industry or 1 work was	done, as SILH	MILL.	Unknown		Ja	n.
3	1 1	L, BANK, etc d last worked			time (years)		36.
0	this occup	d last worked pation (month	and Unkr	LOWN Spe	ent in this Unkho		
12 D	IRTHPLACE (cit			rland		Other Contributory Causes of Importance:	
12. B	(State or coun		Mary]	and			
ER I	13. NAME		Willi	am Thom	as		
FATHER	14. BIRTHPLACE	(city or town)		ert Coun	ty	Name of operation Date of	
1	(State or		Mary			What test confirmed diagnosis?	No
HH I	15. MAIDEN NA			lett Eme		23. If death was due to external causes (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE	(city or town)	Calve	ert Coun	ty	Accident, suicide, or homicide? Date of Injury, 19	9
	(State or	country)	Mary	and	-	Where did injury occur? (Specify city or town, county and State)	
	(Address)	enryto	on, Mo	ill, M.	D.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. B	URIAL, CREMAT	ION OR REM	OVAL	66	2/3 103/	Manner of injury	
	Place	11/1	ajec.	Date Afe	2 9 ,193	Nature of injury	11
19. U	NOERTAKER (Address)	4/6	-1K-	Lucky	no	24. Was disease or injury in any way related to occupation of deceased? NO	
20. F	ILEO 4/12	/35.19	Depi	60	Registrar.	(Signed) The Concern	M. O.
1		0			address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 8

	ND—CERTIFICATE OF DEATH 3929
1. PLACE OF DEATH	(880) No. 10 10 10 10 10 10 10 10 10 10 10 10 10
County Control Control	Registration Dist. No. 7 J
Village or City Edvarda Length of residence in city of town where death occurred 45 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1 00. 111	ds. How long in U.S. if of foreign birth?yrs,mosds
2. FULL NAME Sue 41. Wes	1/3
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	OWED, a word)  21. DATE OF DEATH  (Month) (Day) (Year)
a. If married, widowed, or divorced HUSEAND of (or) WIFE of Wash a. Went	22. WI HEREBY CERTIFY. Thet ettended deceased from the standard of the standard standard from the standard standard from the standard from
DATE OF BIRTH (month, day, and year) Sam. 6. 018	1 last saw her alive on Offi / 0 , 1936; death is sel
AGE Years Months Days If LES	SS than to have occurred on the date stated above, atm.
/8 3 or	hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife.	Cerebral Hernonhage 3/23/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration manifold (10 2 5) spent in this	0 / /
10. Date deceased last worked at this occupation mentitard 1935 spent in this year)	
	Other Contributory Causes of importence:
2. BIRTHPLACE (city or town) (State or country)	arterioschrong ;
13. NAME Peter Baxler	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT Ford la Weister (Address) Machael La Weister	Where did injury occur?(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Ducumen Mobate 4- 74	Menner of injury
Gardy 111: 60 8	24. Wes disease or injury in any way related to occupation of deceased?
9. UNDERTAKER (Address) Many Company (Address) Many Company Co	If so, specify
10, FILED May. 13, 1936 Mrs. W. R. S. Donnes	(1). 00 P 8 1) 00 m
Re	egistrar. (Address) Warelestie Ind

Registrar.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	• •	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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1	. PLACE OI	F DEAT	TH			berculosis Sanatorium_	30
3	County	Carr	011		Color	rea Branch 23 Registration Dist. No. 74	
1	Village or C	ity Hei	nryton,		, (II	No. (above) St.,	Ward
					yrs, mos	3. 23 ds. How long in U.S. If of foreign birth?m	osds.
2	(a) Residen					If U. S. Veteran, specify WARNONE  St.Md. Ward. O 6 0 1  If nonresident give city or town and	l State
	PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	remale		olored		RIED, WIDOWED.  (write the word)	21. DATE OF DEATH April 10, 1936 (Month) (Day)	., 193(Yeer)
5a,	If married, widow HUSBAND of (or) WIFE of	ed, or divo	rced			22. I HEREBY CERTIFY, Thet I ettended Sept. 18, 1935, to April 10,	
6.	DATE OF BIRTH (	month, dey	ر, end yeer) ال	une 23,	1916	last sew her elive on April 10, 193019	; deeth Is seid
7	AGE Yee		Months 9	Deys	If LESS then 1 dey,hrs.	to have occurred on the date steted above, et 1.00 A. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:	Date of onset
rion	SAWYER,	BODKKEE	es SPINNER, PER, etc	Domest	ic	Pulmonary Tuberculosis	-
CUPA	Work was SAW MIL	business in done, as S L, BANK, e	which SiLK MILL, otc	Unknow			Jan. 1935
8	10. Dete decease this occup	ed last wor petion (mor	ked et nth endUnkno	11. Total ti	me (years) tin this Unkno petion	WD.	
12.	BIRTHPLACE (cit (State or coun	y or town).		sburgh sylvania		Dther Contributory Causes of Importance:	
ER	13. NAME		Hugh	White		T	
FATHER	14. BIRTHPLACE (Stete or			sburgn sylvania		Neme of operation Date of Whet test confirmed diegnosis? Wes there en	autopsy?NO
ER	15. MAIDEN NAI	ME	Eadle	e Guyson		23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the followin	
MOTHER	16. BIRTHPLACE (State or	(city or to country)	wn) Unkno	own own		Accident, suicide, or homicide? Dete of injury  Where did injury occur?	-
17.	INFORMANT	lonn lenry	L. U'Ne	eill, M. aryland.	υ.	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	te) .ACE,
18.	Plece PL	0 11		Date 4/13	1936	Manner of injury	
19.	UNDERTAKER //	Is. V	Robt a	Elle	#	24. Was disease or injury in eny way releted to occupetion of deceased?	No
20,	FILED 4/1	0/30	19 Deput	y Local	Neel	(Signed) The Olles	el.M.D.
133		2	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nuining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5.1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING RESERVED MARGIN

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		1.4
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

GIN RESERVED FOR BINDING	
FOR	
RESERVED	
MARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH 3932

Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored Branch OCC pluods item of County Carroll Village or City Henryton, Maryland above Length of residence in city or town where death occurred 11 mos. 23 PHYSICIANS statement 2. FULL NAME Rosalie Wood If U. S. Veteran, specify WAR (a) Residence: No. Pomfret, Charles Co., Md. St. RECORD. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Colored remale Single XACTL classified. Se. If merried, widowed, or divorced HUSBAND of (or) WIFE of April 19, 1955 Jan., 24, 1919 A 6. DATE OF BIRTH (month, dey, end year) certificate properly 7. AGE Years Months Devs If LESS than 1 dev.\_\_\_\_hrs. 17 16 or .... min. were es follows: Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... jo Domestic 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back should may Unknown 10. Date deceased lest worked at 11. Totel time (years) this occupation (month and Inknown spent in this Unknown AGE so that occupation \_\_ instructions Pomfret 12. BIRTHPLACE (city or town) ... Maryland (State or country) plain terms, Frank Wood FATHER 13. NAME Unknown 14. BIRTHPLACE (city or town) Neme of operation unknown (Stete or country) carefully What test confirmed diegnosis?\_\_\_\_ Rosalie Shorter 15. MAIDEN NAME Unknown Accident, suicide, or homicide?\_\_ 16. BIRTHPLACE (city or town). DEATH Unknown (Stete or country) Where did Injury occur?\_\_\_\_ John E. O'Nelli. 17. INFORMANT should Henryton, Md. OF (Address) 18. BURIAL, CREMATION, OR REMO Menner of injury CAUSE mation LION Neture of injury 19. UNDERTAKER (Address) If so, specify B 20. FILED 4/11/36 (Signed). Deputy Registrar. Loca

Registration Dist. No. (If death, occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. None ff nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH April 11, 1936 (Month) (Yeer) I HEREBY CERTIFY, Thet I attended deceased from to April 11. April 11, 1936, to heve occurred on the date steted above, at 3.00 A. M. The PRINCIPAL CAUSE OF DEATH and releted causes of importence Date of onset Pulmonary Tuperculosi reb., Other Contributory Causes of importance: 23. If death was due to externel causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? (Address) Menrylon, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 4 1996			
Other contributory causes of importance S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
431 E E 1 41 E E 1 41 E E 1 41 E E 1 41 E E E 1 41 E E E E			1,000